

IAMU MUTUAL AID PROGRAM - ELECTRIC UTILITY INFORMATION -

REGION _____

UTILITY NAME _____

24-HOUR PHONE NUMBER _____

COUNTY COMMUNICATIONS PHONE NUMBER _____

For emergency assistance from our utility, contact the following employees in the order listed:

Employee Name	Residence Phone	Office Phone
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Employee Name	Residence Phone	Office Phone
Employee Name	Residence Phone	Office Phone

UTILITY INFORMATION: Available personnel (Give number of personnel in each category)

Manager _____ Ground Man _____ Line Foreman _____
 Equipment Operator _____ Lineman _____ Other _____
 Wheeling Agent _____ Distribution Voltage _____ KV _____ KV _____ KV
 Frequency of Municipal radios _____ Percentage of system overhead _____ % Underground _____ %

EQUIPMENT: Number in Inventory

Aerial Basket Truck _____	Working Height _____ feet _____
Digger Derrick _____	Lifting limits _____ tons at _____ degrees in unit
Directional Boring Unit _____	Maximum length of bore _____ feet _____
Back hoe _____	Digging depth _____ feet _____
Trencher _____	Maximum depth _____ feet _____
Walk Behind Trencher _____	Maximum depth _____ feet _____
Reel trailer _____	Maximum size of reel _____ inches _____
Pole trailer _____	Light duty _____ Heavy duty _____
Line locator _____	Brand name _____
Phasing sticks _____	Voltage _____ KV to _____ KV
Hot line trailer _____	Voltage _____ KV
Primary jumpers _____	Length _____ Voltage _____ KV
Standby generator _____	Capacity _____ Voltage _____ KV
Portable Floodlights _____	Generators on vehicles _____
Mobile substation _____	Primary _____ Secondary _____

MATERIALS: (Normally in stock at your Utility)

Size poles in stock _____ feet to _____ feet Class _____ to Class _____

X-Arms in stock _____ Lengths _____

Distribution pole mount transformers:

_____ KVA to _____ KVA _____ Primary Voltage _____ Secondary Voltage

_____ KVA to _____ KVA _____ Primary Voltage _____ Secondary Voltage

_____ KVA to _____ KVA _____ Primary Voltage _____ Secondary Voltage

_____ KVA to _____ KVA _____ Primary Voltage _____ Secondary Voltage

Distribution pad mount transformers:

_____ KVA to _____ KVA _____ Primary Voltage _____ Secondary Voltage

_____ KVA to _____ KVA _____ Primary Voltage _____ Secondary Voltage

_____ KVA to _____ KVA _____ Primary Voltage _____ Secondary Voltage

_____ KVA to _____ KVA _____ Primary Voltage _____ Secondary Voltage

Underground cable:

Size _____ _____ Primary Voltage _____ Secondary Voltage

Size _____ _____ Primary Voltage _____ Secondary Voltage

Aerial conductor:

Size _____ _____ Primary Voltage _____ Secondary Voltage

Size _____ _____ Primary Voltage _____ Secondary Voltage

CONTRACT PROVISIONS:

Are there special contract provisions affecting overtime hours worked by your employees? ___ YES ___ NO

Please describe these terms _____

We understand that materials, equipment and labor provided by our utility in assisting another municipal utility during an outage will be billed according to the fees outlined in the section entitled "Mutual Aid Charges" contained in the IAMU Mutual Aid Program guidebook. Meals and lodging for crews will be provided by the utility requesting assistance.

We have read the section entitled "Mutual Aid Charges" and agree to these standard charges. ___ Yes ___ No

Name of Utility Representative Signature & Title Date

Return this form to: Iowa Association of Municipal Utilities 1735 NE 70th Avenue Ankeny, IA. 50021-9353